

ture there is a predominance of this lesion in the colored race, and it may be that this is a type of response analogous to the keloid response in colored people. In our own material, which we draw from a predominantly white population, most cases are in people of the colored race, and as Dr. Elster brought out, where we measure our cases by the tens, in Africa the same thing is done by the scores and hundreds. The incidence is enormously greater there than here, and there must be some dietary or genetic factor that we have not yet identified as responsible for this type of response.

SAMUEL K. ELSTER: As to whether or not this group that we call idiopathic hypertrophy is caused by a uniform mechanism or a variety of mechanisms, we cannot state. Until we can arrive at a method of establishing the etiology, these cases will be grouped together as a syndrome, and as most syndromes are finally explained, this group will become smaller and smaller and eventually disappear.

REFERENCE

1. Burwell, C. S. and Robin, E. D. Some points in the diagnosis of myocardial fibrosis, *Trans. Assoc. Amer. Physns.*, 67:67-71, 1954.

ERRATUM

In the May 1955 number of the Bulletin, on pages 413 and 414 of the abstract entitled, *Debridement of Burn Slough by Peptidases Recovered From Clostridium Histolyticus*, the illustrations (but not the legends) should be transposed. That appearing on page 413 should appear on page 414 and vice versa. We regret this error.—Ed.